

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET		APPLICANT(S)	
SERIAL NO.	FILING DATE		
CLAIMS			
AS FILED		AFTER 1ST AMENDMENT	
AFTER 2ND AMENDMENT			
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	TOTAL DEP. CLAIMS	
TOTAL NO.		TOTAL DEP. CLAIMS	